


SEP 15 2006

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|---|---------------------------|---------------------------|------------------------|
| <b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>  |                           |                           | Docket No.<br>124854   |
| Applicant(s): Cameron Brackett, et al   |                           |                           |                        |
| Application No.<br>10/065,466   | Filing Date<br>10/22/2002 | Examiner<br>Joseph T. Pan | Group Art Unit<br>2135 |
| Invention: METHOD, SYSTEM, COMPUTER PRODUCT AND ENCODING FORMAT FOR CREATING ANONYMITY IN COLLECTING PATIENT DATA   |                           |                           |                        |
| <p>I hereby certify that this <u>Petition for Extension of Time, Amendment Transmittal Letter, Response to Office</u><br/>(Identify type of correspondence) Action dated 3/15/06</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>September 15, 2006</u><br/>(Date)</p> <p><u>Diane E. Oates</u><br/>(Typed or Printed Name of Person Signing Certificate)</p> <p><u>Diane E. Oates</u><br/>(Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p> |                           |                           |                        |

P10/REV02

| AMENDMENT TRANSMITTAL LETTER (Large Entity)  |                                     |                             |   |                        | Docket No.<br>124854     |  |
|--|-------------------------------------|-----------------------------|---|------------------------|--------------------------|--|
| Applicant(s): Cameron Brackett, et al  |                                     |                             |   |                        |                          |  |
| Application No.<br>10/065,466  | Filing Date<br>10/22/2002           | Examiner<br>Joseph T. Pan   | Customer No.<br>23413   | Group Art Unit<br>2135 | Confirmation No.<br>5645 |  |
| Invention: METHOD, SYSTEM, COMPUTER PRODUCT AND ENCODING FORMAT FOR CREATING ANONYMITY IN COLLECTING PATIENT DATA  |                                     |                             |   |                        |                          |  |
| <b>COMMISSIONER FOR PATENTS:</b>   |                                     |                             |   |                        |                          |  |
| Transmitted herewith is an amendment in the above-identified application.<br>The fee has been calculated and is transmitted as shown below.  |                                     |                             |   |                        |                          |  |
| CLAIMS AS AMENDED  |                                     |                             |   |                        |                          |  |
|  | CLAIMS REMAINING<br>AFTER AMENDMENT | HIGHEST #<br>PREV. PAID FOR | NUMBER EXTRA<br>CLAIMS PRESENT  | RATE                   | ADDITIONAL<br>FEE        |  |
| TOTAL CLAIMS   | 25 -                                | 25 =                        | 0   | x \$50.00              | \$0.00                   |  |
| INDEP. CLAIMS  | 5 -                                 | 5 =                         | 0   | x \$200.00             | \$0.00                   |  |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |                                     |                             |   |                        | \$0.00                   |  |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT  |                                     |                             |   |                        | \$0.00                   |  |
| <div style="display: flex; flex-direction: row;"><div style="flex: 1;"><p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p><p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p><p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p><p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 07-0845</p><p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p><p><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p><p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p></div><div style="flex: 1; padding-left: 20px;"><p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p></div></div> |                                     |                             |   |                        |                          |  |
| <div style="text-align: center;"><br/>Signature</div> <div>Anne Davis Barry<br/>Reg. No. 47,408<br/>Cantor Colburn LLP<br/>55 Griffin Road South<br/>Bloomfield, CT 06002<br/>(860) 286-2929</div>  |                                     |                             | Dated: 9/15/06  |                        |                          |  |
| CC:  |                                     |                             | <div>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</div> <div style="text-align: center;">(Date)</div> <div style="border-top: 1px solid black; margin-top: 10px; text-align: center;">Signature of Person Mailing Correspondence</div> <div style="border-top: 1px solid black; margin-top: 10px; text-align: center;">Typed or Printed Name of Person Mailing Correspondence</div> |                        |                          |  |